

IDAHO NET OPERATING LOSS CARRYOVER/CARRYBACK

For calendar year _____, or fiscal year beginning _____, ending _____

Name(s) as shown on return								Social Security Number or EIN		
1. Tax Year										
2. Idaho Net Operating Loss (From Form 56, Part I)										
3. Absorption Income (From Form 56, Part II)										

NOL Application

Loss Year to Absorption Year

[illegible]